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FACSIMILE COVER SHEET

TO: Examiner A. Abdulsalam
U.S. Patent and Trademark Office

FROM: Leonard P. Diana

RE: U.S. Application No. 09/484,432
Our Ref.: 03500.014218

FAX NO.: 703-872-9306

DATE: November 23, 2004

NO. OF PAGES: 4
(including cover page)

TIME:

SENT BY:

MESSAGE**Attachments:**

- 1) Amendment After Final Action (11 pgs.) and
- 2) Transmittal Letter (2 pgs.)

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03500.014218.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: A. Abdulsalam
MUNEKI ANDO ET AL.)	
	:	Group Art Unit: 2674
Application No.: 09/484,432)	
	:	
Filed: January 18, 2000)	
	:	
For: IMAGE DISPLAY APPARATUS)	
AND METHOD	:	November 23, 2004

Mail AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated September 23, 2004, please amend the above-referenced application as follows. The claim changes are reflected in the listing beginning at page 2, and the Remarks begin at page 4.

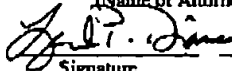
I hereby certify that this correspondence is being transmitted by facsimile to the U.S. Patent and Trademark Office at (703) 872-9306, on

November 23, 2004.

(Date of Transmission)

Leonard P. Diana (Reg. No. 29,296)

(Name of Attorney for Applicant)



Signature

November 23, 2004

Date of Signature

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Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2674, Expedited Procedure

In re Application of:

Docket No. 03500.014218.

MUNEKI ANDO ET AL.

Application No.: 09/484,432

Examiner: A. Abdulsalam

Filed: January 18, 2000

Group Art Unit: 2674

For: IMAGE DISPLAY APPARATUS
AND METHOD

Date: November 23, 2004

Mail AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

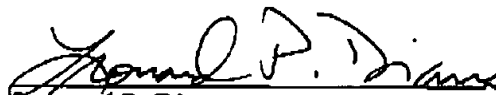
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 5	MINUS	** 60	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 1	MINUS	*** 7	= 0	x \$44 \$88	\$0
Fee for Multiple Dependent claims \$150/\$300						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ *Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana
Attorney for Applicants
Registration No. 29,296

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